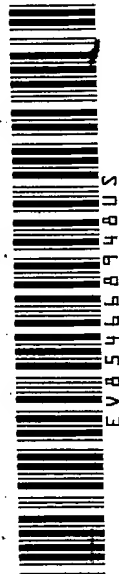
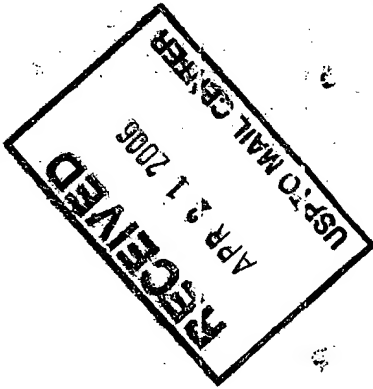


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Date Accepted	Scheduled Date of Delivery			Mo. Day	Mo. Day	Employee Signature	
Mo. Day Year	Month	Day	Scheduled Time of Delivery	Delivery Attempt	Mo. Day	Employee Signature	
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	Military	COD Fee	Delivery Date	Mo. Day	Employee Signature	
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